

# 1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83392

Entity Name

STUART YACHT CLUB AND MARINA, INC.

FILED

Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90189 010 \*\*\*158.75

Principal Place of Business

Mailing Address

400 N.W. ALICE AVE.  
STUART FL 34994

400 N.W. ALICE AVE.  
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0053379

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, ROBERT E  
333 SEVENTEENTH ST.  
SUITE 2D  
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
STREET ADDRESS SKIDMORE, ROBERT J  
CITY-ST-ZIP 400 NW ALICE AVE  
STUART FL

☐ Delete

TITLE  
NAME ST  
STREET ADDRESS SKIDMORE, PAULETTE  
CITY-ST-ZIP 400 NW ALICE AVE  
STUART FL

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paulette Skidmore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01

Date

561 692-5110

Daytime Phone #

CR2E034 (10/00)